



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN 07

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

DHSS STATE OF MISSOURI

INTOXILYZER 5000 SN

66-002849

DATE OF INSPECTION

06/05/09

LOCATION OF INSTRUMENT (STREET AND CITY)

TIME OF INSPECTION

8416 NATURAL BRIDGE RD. NO. 2 MO. 63121

25/04

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) OK → 326

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

CHARACTER DISPLAY TEST OK

PRINT TEST (PRINTOUT ATTACHED) OK

TIME AND DATE OK

CALIBRATION CHECK — OK

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .098TEST 2 .098TEST 3 .100

SIMULATOR TEMPERATURE (34° ± .2°C) OK 34°C

PERFORM RFI TEST (PRINTOUT ATTACHED) OK

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	<input checked="" type="radio"/>	0-04	<input checked="" type="radio"/>	.05-.09	<input checked="" type="radio"/>	.10-.14	<input checked="" type="radio"/>	1	<input checked="" type="radio"/>	.15-.19	<input checked="" type="radio"/>	Over .19	<input checked="" type="radio"/>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

QWTH LABORATORIES SOLUTION W/VAPOR CONCENTRATION AT .10
FROM LOT # 08340. W/EXPIRATION DATE OF 10/15/09 (BOTTLE # 495)

INSPECTING OFFICER

SIGNATURE

PRINT NAME

SGT. BORNSEN #147

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

820170 5/29/10

(314) 381-2971



GUTH LABORATORIES, INC.

600 NORTH 67TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1211 percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

THIS SIDE UP THIS EDGE IN FORM NUMBER 016010

THIS SIDE UP THIS EDGE IN FORM NUMBER 016010

8416 NATURAL BRIDGE
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002849
06/05/2009

DIAGNOSTIC TEST 23:04

ROM CHECK E235.29	PASSED
RAM CHECK	PASSED
TEMP. CHECK	PASSED
PROCESSOR CHECK	PASSED
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOFORSTUUWXYZ
0123456789

8416 NATURAL BRIDGE
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002849
06/05/2009

TEST	XBAR	TIME
AIR BLANK	.000	23:05
CAL. CHECK	.098	23:06
AIR BLANK	.000	23:06
CAL. CHECK	.098	23:07
AIR BLANK	.000	23:07
CAL. CHECK	.100	23:07
AIR BLANK	.000	23:08

NO RFI PRESENT

SUBJECT NAME

SUBJECT NAME

THE DATE ISSUED

THE DATE ISSUED

INSTRUMENT LOCATION

*Sgt. G. Miller**Sgt. G. Miller*

ADDITIONAL INFORMATION AND/OR REMARKS

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SN: 66-002849
E735.2306/05/2009
23:05

ABCDEFGHIJKLMNPQRSTUVWXYZ
 ABCDEFQHIJKLMNOPQRSTUVWXYZ120123456789
 ABCDEFQHIJKLMNOPQRSTUVWXYZ12012345678910#abcd
 ABCDEFQHIJKLMNOPQRSTUVWXYZ
 ABCDEFQHIJKLMNOPQRSTUVWXYZ12012345678910#abcd

SN: 66-002849
E735.23
INVALID TEST
INHIBITED - RFI06/05/2009
23:06~~SUBJECT NAME~~~~SUBJECT NAME~~

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

ADDITIONAL INFORMATION AND/OR REMARKS

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State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II

JOHN BERNSEN

Is hereby authorized to Instruct and supervise operators, train Instructors, Inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/29/08

Eric C. Staub

Director of State Public Health Laboratory

Number 820170

Director, Department of Health

MO 090-0771 (7-86)

Lab. 4 (R7-86)